FREQUENTLY ASKED QUESTIONS: PURSUING A CONTRACT WITH THE DEPARTMENT OF MENTAL HEALTH, DIVISION OF DEVELOPMENTAL DISABILITIES

How do I apply to become a contract provider with Department of Mental Health, Division of Developmental Disabilities?

Go to http://dmh.mo.gov/dd/provider/ and select the "Application Information" link to obtain a DMH Contract Provider Enrollment Application and Business Proposal aka as the "Provider Application". Complete this document and carefully follow all instructions.

How long does the process take?

It could take up to 90 days from receipt of the application to receive approval to continue the contract process. After approval, there is a series of training assignments, policy and procedure development, and Licensure and Certification visit, which could take another 3-9 months to complete.

How is the decision made regarding whether I am approved to pursue a contract with the Division of Developmental Disabilities?

The application is reviewed using a standardized rating tool. The scoring system evaluates the application based on Division philosophy and priorities; applicant business practices; service definition and contract requirements; the support needs of individuals served by the Division, and best practice.

Under what condition(s) could my application be denied?

There are a variety of reasons your application could be denied which may include but are not limited to the following:

- The Family Care Safety Register results indicate disqualifying offenses. A list can be found at http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf
- The FBI fingerprint check results indicate disqualifying offenses. The disqualifying offenses are listed at the website indicated above.
- The references reviewed contained unfavorable information
- Application materials were found to be falsified
- The application did not meet the minimum threshold score required to approve the application
- Your contracts with other government agencies are not in good standing
- Your employment history could not be verified
- · Applicant's mission, vision and philosophy conflicts with those of the Division of Developmental Disabilities
- Your proposal indicates insufficient fiscal resources
- Insufficient professional experience
- Granting a contract would be a conflict of interest for applicant
- The proposal does not adhere to the Department of Mental Health service delivery system guidelines or inconsistent with contemporary best practices
- Your proposal did not reflect the necessary experience in providing residential supports to persons with a developmental disability.
- Your proposal did not include professional references from a self-advocate or a family who receives (or has received) supports and services from you.
- Your proposal lacked information on staff training that includes person-centered planning and self-determination, as well as a plan for how supervision of employees would be conducted.
- Your proposal lacked information with regard to your organization's quality assurance and management system.

If my application is denied, do I have appeal rights?

There are no appeal rights to the Regional Office Director's decision. Your application has been evaluated based on a standardized criteria set for all applicants and has not qualified based on the reasons communicated to you.

If my application is denied, can I reapply?

If your application is denied due to one of the first four reasons listed in the answer above, you are disqualified from ever obtaining a contract with Department of Mental Health, Division of Developmental Disabilities.

If your application is denied due to insufficient financial resources, you may be given an additional 90 days to provide documentation of sufficient financial resources.

Do I have to have a college degree to be a provider of services?

Not necessarily. The application process takes into consideration the administrator's experience in the field. An agency must have a Professional Manager: someone with a Bachelor's degree or equivalent experience in the field of Developmental Disabilities.

How recent must my Family Care Safety Registry screening and FBI check be?

Safety Registry screening must be generated no more 60 days from the receipt of your application by the Regional Office. FBI screening must be generated within 45 days from receipt of your application at the Regional Office. Family Care

Where can I register for the Family Care Safety Register and request a screening?

Visit the Missouri Department of Senior Services website at http://www.dhss.mo.gov/FCSR/ for detailed information. Attach the FCSR results to your application.

How do I obtain an FBI background screening?

The process for obtaining an FBI background check is detailed in the DMH Contract Provider Enrollment Application and Business Proposal. Forms needed to obtain the FBI background check are included in this mailing. If additional forms are needed contact your local Regional Office Provider Relations representative.

To obtain an FBI background check, there are three options:

3M/Cogent -

3M/Cogent is a private contractor working in partnership with the State of Missouri to conduct Missouri State Highway Patrol and FBI background checks based on fingerprints. They have fingerprinting sites available throughout the state. The cost for 3M/Cogent services is \$44.80 as of 07/01/12.

See the DMH Contract Provider Enrollment Application and Business Proposal for detailed instructions.

2. Highway Patrol Public Window -

Go directly to the Missouri State Highway Patrol's public window at the Patrol's office in Jefferson City located at:

Missouri State Highway Patrol's Public Window Access Annex Building 1510 East Elm Street Jefferson City, MO 65101

Hours: 8:00 AM to 5:00 PM Monday through Friday (Closed on State and/or Federal Holidays)

Applicant must provide the properly completed Missouri State Highway Patrol Applicant Fingerprint Services of Missouri form (obtained from the local Regional Office) to the staff at the public window. Cost for public window services is \$36.50 as of 3/1/12.

See the DMH Contract Provider Enrollment Application and Business Proposal for detailed instructions.

3. Mail In -

Obtain ink fingerprint card and have it completed by local law enforcement. The ink fingerprint card must include identifying codes listed in the DMH Contract Provider Enrollment Application and Business Proposal. Applicant must also provide the properly completed Missouri State Highway Patrol Applicant Fingerprint Services of Missouri form obtained from the local Regional Office. Cost for mailed background check is \$36.50 as of 3/1/12.

Mail completed forms to:

Missouri State Highway Patrol 1510 East Elm PO Box 9500 Jefferson City, MO 65102 Attn: CJIS

See the DMH Contract Provider Enrollment Application and Business Proposal for detailed instructions.

DO NOT REQUEST FBI BACKGROUND CHECK WITHOUT FIRST REVIEWING THE INSTRUCTIONS FOR THE FBI BACKGROUND CHECK CONTAINED IN THE DMH PROVIDER ENROLLMENT APPLICATION AND BUSINESS PROPOSAL.

What is the Home and Community Based Services rule?

The HCBS rule proscribes what community based waiver services look like. A webinar was provided to inform providers of the impact of this rule. The webinar and other information can be found at http://dmh.mo.gov/dd/hcbs.html

After my application is approved, am I guaranteed a contract with the Division of Developmental Disabilities?

After approval, there is a series of training assignments, policy and procedure development, and Licensure and Certification visit, which could take another 3-9 months to complete. If at any time during this process you are unable to meet the requirements or one of the above disqualifying reasons is identified, the pursuit of a contract can be terminated.

Can the Division of Developmental Disabilities provide business, legal, financial, or insurance advice?

The Division does not provide this type of service to applicants. If you need assistance in this area, we recommend you contact the Small Business Administration for assistance or a specialist in the area you have questions in.

Does the Division of Developmental Disabilities provide any funding to assist with start up costs for a provider?

No. It is the expectation of the Division that any applicant provide proof at the time of application that they have the fiscal resources necessary to start a new business. Documentation should provide proof that the applicant has enough capital for 3 months of payroll and expenses.

What type of services can I provide?

The Division has many services that are contracted out to providers. Each provider contract is different and is tailored to meet the provider's qualifications and interest in service provision. Some examples of services purchased by the Division are: Personal Assistance, Day Services, Respite, Residential Habilitation, Independent Supported Living, Counseling, Transportation, Therapies, Behavior Intervention and Supported Employment. A complete listing of services can be found at http://dmh.mo.gov/dd/manuals/waivermanuals.html

Am I guaranteed business if I receive a contract with the Division of Developmental Disabilities?

No. The Division promotes choice to all individuals receiving funded services from the Division. Individuals have the right to choose the provider of services and to receive services from the most qualified provider. There is no guarantee that you will be chosen to provide services or under what time frame that may occur.

What kind of rate of payment can I expect?

Some rates are predetermined while others are based on cost analysis of what is necessary for the provider to be successful. This is completed at the time of the contract initiation after all pre-contract activities are met.

If I am granted a contract with the Division of Developmental Disabilities, does that mean I will always be guaranteed a contract?

Contracts are renewed every three years with each provider. In order to maintain a contract with the Division, you must remain in good standing with the Division. Your services will be monitored by several different state personnel: Service Coordinators, Quality Assurance, Provider Relations, Fiscal Review, and Licensure and Certification. Failure to maintain contract compliance or to correct ongoing issues could result in receiving "no growth" or "no referral" status or to having your contract discontinued by the Division of Developmental Disabilities. Your contract can also be discontinued due to lack of utilization of your contract.

If I am granted a contract with Division of Developmental Disabilities can I subcontract out the services to other entities?

No. A contract is granted to an organization with the understanding that they will be the service provider and directly hire staff under their Federal Employer Identification Number (FEIN). Anyone providing services funded by the Division of Developmental Disabilities must have a contract with the Division. Hiring direct care staff through a temporary agency is considered a form of subcontracting.

If I am unable to maintain sufficient staff to provide the service and have to pay time and a half to existing staff to provide the service, will the Division of Developmental Disabilities provide extra funds to support the agency?

The Division will only reimburse the agency the contracted rate. The Division will not subsidize the contracted rate to cover the contractor's personnel business practices. It is the expectation of the Division that the contractor be able to successfully manage their employee status and avoid overtime to maintain a healthy business structure.

If I am granted a contract with the Division of Developmental Disabilities, is there the possibility that I could provide services the next day?

The training you will undergo prior to the contract completion is intended to prepare you for doing business as a contracted provider. Depending on the type of service you plan to provide, you and your staff may have to undergo additional training before you can provide services through your contract. These training requirements will be outlined in your contract. Trainings may include but are not limited to: First Aid and CPR, Medication Administration, MANDT/CPI, Missouri Quality Outcomes, Person Centered Strategies, Mortality Review, etc.

Are there any fees associated with the contract application process?

As of 7/1/15 any "institution" applying for a MOHealthNet billing number will be charged an application fee of \$542 for each billing number. This amount may be adjusted by COLA. "Institutional" refers to all providers who bill Medicaid who are not an "individual" provider such as physicians, dentists and other individual non-physician practitioners. The fee is collected by the Missouri Medicaid Integrity Unit (MMAC) at time of application for the billing number. The Regional Office will guide you through this process.

Are there ongoing contract fees?

As of 7/1/15 all providers must revalidate each of their billing numbers every three years with MMAC. At time of revalidation, institutions are charged a \$542 fee for each billing number. This amount may be adjusted by COLA.

What type of residential supports is the Division of Developmental Disabilities interested in developing?

The current contemporary best practice suggests that the optimal residential support consists of no more than 3-4 individuals living in the same home. The Division supports this best practice by limiting newly developed residential settings to no more than four consumers per home. In an Individualized Supported Living arrangement of 1-4 individuals, the individuals name are on the lease as they have chosen the provider to work with, promoting consumer choice and the option to change providers at that location if they become unhappy with the supports provided.

Is there funding available for new services to consumers to help my business grow?

The Division allocates funding based on a Prioritization of Need score which is set forth in Code of State Regulation 9 CSR 45-2.015 (http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-2.pdf). Each service request is evaluated based on the level of need and is placed on a waiting list. Individuals are removed from the waiting list as funds become available based on those with the highest scores. Funding is based on the individual's needs for supports and services, not the agency need.

If I am granted a contract with the Division of Developmental Disabilities and receive a referral, when will I receive my first payment?

It can take up to 3 months for the first payment to be received from Medicaid. After the first payment, services are reimbursed the month following the month the service.

What is the age range of individuals receiving services from the Division of Developmental Disabilities?

The Division serves individuals of all ages.

Can I set guidelines regarding the age and type of disability my agency will serve?

You can set your agency parameters but you need to be aware that this may restrict the business and referrals you receive.

What types of challenges can I expect the individuals who I may receive referrals from?

The Division serves individuals who have a variety of needs. Many of the individuals requesting services from the Division have significant medical or behavioral support needs, sometimes both. These individuals need experienced, trained providers who are aware of and have demonstrated to ability to provide contemporary best practices in meeting their support needs.

I want to provide respite in my home, is this possible?

Respite cannot be provided from the provider's own home. Respite is either provided in the individual's home or at an approved licensed/certified/accredited provider location such as a group home or day program location.

I want to develop a residential supports specifically for children, is this possible?

The Division does provide services to individuals at any age. However, it is the Division's philosophy to support children in their natural home whenever possible. The Division cannot take custody of children from their families and place them into facilities. The Division would also look at all available state resources for children in crisis and if those resources could meet their needs.

I am a contracted provider for another state agency such as Psychiatric Services, Children's Division or Department of Health and Senior Services. Do I need to complete an application to become a provider for the Department of Mental Health, Division of Developmental Disabilities?

Yes. Each state department has different guidelines and qualification requirements for approving an applicant. Experience with one state department does not necessarily translate into the experience required in another department.

I am a foster parent with Children's Division and have children currently in my home. I am interested in adding individuals to my home with a Division of Department of Mental Health, Division of Developmental Disabilities contract. Is this possible?

The Division has developed Shared Living Services which includes Host Homes and Companion Homes. These services cannot be provided in the home of the owner/administrator of an agency. If you are interested in serving children in your home as a host home, you would contact an approved administrative agency and seek employment through them.

I have a nice large home and I want to turn it into a group home...is this possible?

The Division's focus is on developing small locations of no more than 4 individuals. The Division is not currently developing new group homes. If you are looking to develop a home for more than 4 individuals, you should contact the Department of Health and Senior Services.

I have not yet formed an agency but want to. Can I apply to see if I am qualified and then develop an agency?

No. You need to have a Federal Employer Identification Number (FEIN) prior to applying for a contract with the Division of Developmental Disabilities. Without proof of the FEIN and the existing business, the Division cannot approve your application.

I am trying to figure out a name for my agency. Do you have any recommendations?

Remember that the name you choose is most likely the first impression you will make on those who might choose your agency for services. Take into consideration the people you will serve and ensure that any name you choose comes across as respectful and empowering. Avoid

names containing negative connotations, condescending tones and dependency. When you choose a name, think of how it would sound to other people. Does it bring up a negative association due a similar name used by a consumer product?

I have a business partner in this endeavor. Do they have to have the background screening and fingerprint checks or can I just do it since I am the active partner?

All owners must have the background screening and fingerprint checks to ensure the safety and quality of our services for the individuals we serve.

I see that I will have to apply for a National Provider Identification number (NPI) after my application is approved but prior to completion of the contract. How do I do this?

To apply for a NPI through the web (takes approximately 20 minutes): https://nppes.cms.hhs.gov

NOTE: It is possible to apply for a NPI without having a Medicaid Provider number. You will need to leave four boxes blank (where "Medicaid Waiver", "Missouri", the 85 provider number, and "Medicaid Waiver Provider" are entered).

*Don't forget to assign a taxonomy code for each service you plan to provide. Also, be sure to keep a record of the taxonomy codes used to apply for the NPI. For a list of valid provider taxonomy codes visit: http://www.wpc-edi.com/codes/taxomony

*It takes 10 days, on average, to obtain a NPI.

You will need to attach proof of NPI to the final contract documentation after all application and training has been completed and approved for contract.